

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>B T</i>		<i>3-22-00</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>49</i>	<i>3/31/00</i>
<b>FORMALITY REVIEW</b>		<i>70608</i>	<i>5/25/00</i>
<b>RESPONSE FORMALITY REVIEW</b>		<i>71476</i>	<i>6/3/00</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date	Claim	Final	Original	Date	Claim	Final	Original	Date
1	✓	✓	1/15/00	51				101			
2				52				102			
3				53				103			
4				54				104			
5				55				105			
6				56				106			
7				57				107			
8				58				108			
9				59				109			
10				60				110			
11				61				111			
12				62				112			
13				63				113			
14				64				114			
15				65				115			
16				66				116			
17				67				117			
18	✓	✓	1/15/00	68				118			
19				69				119			
20	✓	✓	1/15/00	70				120			
21				71				121			
22				72				122			
23				73				123			
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26				76				126			
27				77				127			
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30				80				130			
31				81				131			
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36				86				136			
37				87				137			
38				88				138			
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42				92				142			
43				93				143			
44				94				144			
45				95				145			
46				96				146			
47				97				147			
48				98				148			
49				99				149			
50				100				150			

If more than 150 claims or 10 actions  
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